

Appendix C



Department of Energy

Oak Ridge Operations

P.O. Box 2001

Oak Ridge, Tennessee 37831 —

September 6, 1990

Southeastern Universities Research Assn., Inc
ATTN: James O. Coleman
12000 Jefferson Avenue
Newport News, Virginia 23606

Gentlemen:

On Wednesday, September 5, 1990, the Department of Energy began loading your SF-1199A deposit information into the Health and Human Services (HHS) Payment Management System (PMS). Those recipients that faxed the 1199A form in order to meet the August 31, 1990, deadline are reminded to submit the original as soon as possible. HHS will not permit drawdowns on the PMS until the original SF-1199A is on file.

Within the next week, HHS will provide your organization with information concerning the PMS "Smartlink II" software package. Testing of the system and assignment of passwords will be done directly by the HHS-PMS representative.

October 1, 1990, is the starting date for processing payment requests through HHS-PMS. Accordingly, we have established Monday, September 17, 1990, as the last day to request a drawdown under your TFCS-LOC, 89-00-3059. We will review and confirm your final request on Tuesday, September 18, 1990. Recipients should request enough funds to carry them through the transition period (9/18/90 - 10/1/90).

HHS utilizes a Report of Federal Cash Transactions (SF-272) to reconcile cash advances to cost incurred. On a quarterly basis, HHS will furnish a computer generated SF-272, along with instructions and mailing address to grantees for completion and return to HHS. Drawdown requests will be rejected if quarterly SF-272 reporting is not provided on a timely basis to HHS. Grant terms and conditions will be revised to reflect the requirement to submit the SF-272 to HHS. You are requested to indicate your acceptance of this reporting requirement by signing in the acceptance block provided below and returning a signed copy to the following address:

Department of Energy
Oak Ridge Operations
ATTN: Joyce Norris
Accounting Branch, FM-711
Post Office Box 2001
Oak Ridge, Tennessee 37831-8772

September 6, 1990

For those few FTCS LOC recipient that are currently submitting a monthly "Cost Management Report" on Form DOE 533M, the quarterly reporting on SF-272 is not required.

If you have any questions concerning this process, please contact Joyce Norris on (615) 576-1025.

Sincerely,

Wayne Missaggia
Wayne Missaggia, Chief
Accounting Branch

Robert E. Lynch
Robert E. Lynch, Deputy Director
Procurement and Contracts Division

ACCEPTANCE BY RECIPIENT

Name:
Title:

Signature

Date

We currently file monthly Cost Management Report on Form 533M, therefore quarterly SF-272 Reports will not be submitted.

Susan G. Gardner
Senior Accountant
CEBAF Project

James M. Lemaire
JAMES M. LEMIRE
FINANCE DIRECTOR

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.

- The claim number and type of payment are printed on checks. See the sample check on the back of this form. Information is also stated on beneficiary annuity award documents from the Government agency.
- Payees must keep the Government agency informed of any changes in order to receive important information about benefits to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

| A NAME OF PAYEE (last, first, middle initial) Southeastern Universities Research Association, Inc. | | | D TYPE OF DEPOSITOR ACCOUNT <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS | | | | | | |
|--|--------------------------|--------------------------|--|--|-------------|------|--------|--|--|
| ADDRESS (street, route, P.O. Box, APO/FPO) 12000 Jefferson Avenue | | | E DEPOSITOR ACCOUNT NUMBER <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 1 0 2 4 1 3 6 </div> | | | | | | |
| CITY Newport News, | STATE Virginia | ZIP CODE 23606 | F TYPE OF PAYMENT (Check only one) | | | | | | |
| TELEPHONE NUMBER AREA CODE | | | <input type="checkbox"/> Social Security <input type="checkbox"/> Fed Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor <input type="checkbox"/> VA Compensation or Pension <input checked="" type="checkbox"/> Other <u>Grant</u> | | | | | | |
| B NAME OF PERSON(S) ENTITLED TO PAYMENT Southeastern Universities Research Assn., Inc. | | | G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable) | | | | | | |
| C CLAIM OR PAYROLL ID NUMBER Prefix <u>54-1156453</u> Suffix | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 70%;">TYPE</th> <th style="width: 30%;">AMOUNT</th> </tr> <tr> <td colspan="2" style="height: 40px;"> </td> </tr> </table> | | | TYPE | AMOUNT | | |
| TYPE | AMOUNT | | | | | | | | |
| | | | | | | | | | |
| PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account. | | | JOINT ACCOUNT HOLDERS' CERTIFICATION (optional) I certify that I have read and understood the back of this form including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS. | | | | | | |
| SIGNATURE | | DATE 09/14/90 | SIGNATURE | | DATE | | | | |
| SIGNATURE | | DATE | SIGNATURE | | DATE | | | | |

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

| | |
|--|---|
| GOVERNMENT AGENCY NAME Department of Energy Oak Ridge Operations Office | GOVERNMENT AGENCY ADDRESS P.O. Box 2001 Oak Ridge, TN 37831-8772 |
|--|---|

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

| | | | | |
|---|--|---|--|---|
| NAME AND ADDRESS OF FINANCIAL INSTITUTION SOUTHERN BANK, N.A. P.O. Box 27005 Richmond, VA 23261 | | ROUTING NUMBER <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 0 5 1 0 0 0 0 1 </div> | | CHECK DIGIT <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> |
| DEPOSITOR ACCOUNT TITLE Southeastern Universities Research Assn, Inc. | | FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210. | | |
| INT OR TYPE REPRESENTATIVE'S NAME Kathy Tiller | | SIGNATURE OF REPRESENTATIVE | | TELEPHONE NUMBER 247 4007 |
| DATE 9/14/90 | | DATE 9/14/90 | | |

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

7540-01 058 0224

01-0574 (10-88) Universal

PAYEE(S) COPY